

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone : 404-656-2074 ♦ Fax: 770-344-4878 ♦ Email: RegServices@ocl.ga.gov



www.ocl.ga.gov

**APPOINTMENT OF COMMISSIONER  
AS ATTORNEY-IN-FACT BY INSURER****REGULATORY SERVICES  
GID-004-RS SEP10  
(same as GID-4)**

KNOW ALL MEN BY THESE PRESENTS, That the \_\_\_\_\_

Insurance Company of \_\_\_\_\_, State of \_\_\_\_\_ does hereby irrevocably make, constitute and appoint **THE INSURANCE COMMISSIONER OF GEORGIA** at the address of **2 Martin Luther King Jr., Dr., Suite 708, West Tower, Atlanta, GA 30334**, State of Georgia, its true and lawful Attorney in and for the State of Georgia, on whom all process of law, whether mesne or final, against said Company may be served in any action or special proceedings against said Company, in the State of Georgia, subject to and in accordance with all the provisions of the statutes and laws of said State of Georgia, now in force, and such other Acts as may be hereafter passed amendatory thereof and supplementary thereto; and the said Attorney is duly authorized and empowered as the Agent of said Company to receive and accept service of process in all cases as provided by the laws of the State of Georgia, and such service shall be deemed valid personal service upon said Company.

( Seal )

Attest:

(President)

(Secretary)

State of \_\_\_\_\_

County of \_\_\_\_\_

BE IT REMEMBERED, That on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me personally appeared, \_\_\_\_\_ President of the above named Corporation, who being duly sworn, deposes and says that he was personally present at the execution of the above Power of Attorney and saw the Common Seal of the said Corporation of the \_\_\_\_\_ Insurance Company duly fixed thereto, uses and purposes therein mentioned, and that the name of this deponent subscribed to said Power of Attorney as President of said Corporation is of this deponent's own handwriting, and that the name of \_\_\_\_\_ subscribed to said Power of Attorney as Secretary of said Corporation in attestation of the due execution and delivery of said Power of Attorney is of his own proper handwriting.

**NOTARY**

Sworn to and Subscribed before Me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

( Seal )

KNOW ALL MEN BY THESE PRESENTS, That the said Insurance Company does hereby designate \_\_\_\_\_

Mail address \_\_\_\_\_

as the person to whom process against it served upon the Commissioner of Insurance of the State of Georgia is to be forwarded, the designation and filing hereof made in compliance with provisions of Georgia statutes. This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Attest:

By \_\_\_\_\_

Title \_\_\_\_\_

(Its Secretary)